

**Remarks/Arguments:**

Claims 1-20 stand rejected under 35 U.S.C. § 103(a) as unpatentable over U.S. Patent No. 6,284,131 (Hogard et al.) in view of U.S. Patent No. 6,239,340 (Ford et al.) and further in view of U.S. Patent No. 5,339,821 (Fujimoto). Applicants respectfully traverse these rejections.

"To establish a *prima facie* case of obviousness, ... the prior art reference (or references when combined) must teach or suggest all the claim limitations." M.P.E.P. §2143. Additionally, as set forth by the Supreme Court in KSR Int'l Co. v. Teleflex, Inc., No. 04-1350 (U.S. Apr. 30, 2007), it is necessary to identify a reason that would have prompted a person of ordinary skill in the relevant field to combine the prior art elements in the manner claimed.

Independent claim 1 recites: "A dialysis system for implementing a course of treatment for a patient as instructed by a medical personnel and executed by a person, the dialysis system comprising: at least one patient place having a dialyzer, a video terminal, and an ID input device for inputting an identification; a central server including a data base; and at least one physician place equipped with a video terminal, said video terminals of the at least one patient place and the at least one physician place and the server being interlinked with each other and configured such that information on the course of the treatment at a selected patient place is callable and instructions for a selected patient place are adapted to be input; wherein the system is configured such that information on the execution of an instruction can be input at the patient place and the execution of an instruction is acknowledged by the executing person acknowledging his or her identity at the ID input device."

Similarly, independent claim 11 recites: "A dialysis system for implementing a course of treatment for a patient as instructed by a medical personnel and executed by a person, the dialysis system comprising: at least one patient place having a dialyzer, a video terminal, and an ID input device for inputting an identification; a central server including a data base; and at least one physician place equipped with a video terminal, the video terminals and the server being interlinked with each other and configured such that information on the course of the treatment at a selected patient place is callable and instructions for a selected patient place are adapted to be input, wherein the system is configured such that information on the execution of an instruction can be input at the patient place and the execution of an instruction is acknowledged by the executing person acknowledging his or her identity at the ID input device, and wherein a patient code can be input which allocates the at least one patient place to a

patient, the video terminal of the at least one patient place is configured as a user interface for setting and changing parameters of the dialyzer, and the setting and change are stored along with the identity of the executing person."

Independent claim 17 similarly recites: "A dialysis system for implementing a course of treatment for a patient as instructed by a medical personnel and executed by a person, the dialysis system comprising: at least one patient place having a dialyzer, a video terminal, and an ID input device for acknowledging an identification; a central server having a data base and a patient data file stored in the server, the patient data file including indications on the dialyzer determined for a patient as well as on the settings and operational parameters thereof, and the video terminal of the at least one patient place receives the settings and operational parameters from the server and sets them at the dialyzer; and at least one physician place equipped with a video terminal, wherein the video terminals of the at least one patient place and the physician place are connected in an internal communication network, the internal communication network connected with an external communication network to which a video terminal of an external physician place is connected, the video terminals and the server being interlinked with each other and configured such that information on the course of the treatment at a selected patient place is callable and instructions for a selected patient place are adapted to be input, wherein the system is configured such that: information on the execution of an instruction can be input at the patient place and the execution of an instruction is acknowledged by the executing person acknowledging his or her identity at the ID input device; information on occurrences may be input at the patient place and such input is effected in that the executing person acknowledges his or her identity in the ID input device; and a patient code can be input which allocates the at least one patient place to a patient, the video terminal of the at least one patient place is configured as a user interface for setting and changing parameters of the dialyzer, and the setting and change are stored along with the identity of the executing person."

The Office Action acknowledges that Hogard et al. does not teach video terminals and a server configured such that information on the course of treatment at a selected patient place is callable and instructions for a selected patient place are adapted to be input. Fujimoto was cited in the prior Office Action as teaching a home medical system equipped communication equipment to connect to a medical institution side and that it would have been obvious to add these features to Hogard with a motivation of having a home medical system that can undergo a check or inquiry a medial specialist at a medical institution.

Applicants respectfully submit that Fujimoto does not overcome the shortcomings of Hogard et al. The only transmission of information described in Fujimoto is the transmission of test data to be stored in memory and for the doctor to send, and a patient to reply to, a diagnosis inquiry. In neither case is information on the course of treatment callable at a selected patient place, as recited in claim 1. Fujimoto is only concerned with diagnosis and does not teach or suggest the transmission or availability of a course of treatment.

Ford et al. is cited as teaching a storage medium containing a drug library with each pump being associated with a set of associated drug delivery information. Applicants respectfully submit that Ford et al. does not overcome the shortcomings of Hogard et al. and Fujimoto. Ford et al. explains at column 10, line 63 through column 11, line 60 that the pump 10 is connected to a single personal computer 80 as shown in Figure 5. This single PC 80 provides on its screen a Main Menu through which authorized personnel may enter drug configurations and/or operate the pump. Ford et al. fails to teach video terminals of at least one patient place and at least one physician place and a server being interlinked with each other and configured such that information on the course of the treatment at a selected patient place is callable and instructions for a selected patient place are adapted to be input. Ford et al. teaches only a single PC 80 to call and input information.

Furthermore, none of the cited references, teach or suggest a system configured wherein the execution of an instruction is acknowledged by the executing person acknowledging his or her identity at the ID input device. The Final Office Action acknowledges that Hogard et al. does not teach or suggest this feature. While Fujimoto was cited in the previous Office Action, the Final Office Action does not cite to Fujimoto as teaching this feature. As explained in the April 11, 2008 Amendment, incorporated herein by reference, the Fujimoto system only taught a patient log in and there is no way to tell if the patient took any actions simply by their logging in to the system.

Ford et al. is cited as teaching a computer interface program that is only accessible by persons who have been assigned a password. While Ford et al. may teach a security log in feature, Ford et al. fails to teach or suggest a system configured wherein the execution of an instruction is acknowledged by the executing person acknowledging his or her identity at the ID input device. The current application explains at page 10, line 20 through page 11, line 11 of the clean copy of the substitute specification that:

In Fig. 8, the instruction list (list of treatment instructions) is illustrated which appears after touching the symbol 40 in Fig. 6. This list, e.g., includes the times at which a certain treatment at the patient has to be performed, e.g., "measuring the body temperature." After an instruction of the list has been executed, this is acknowledged by the operating person by pressing an acknowledgment key 50 provided at the apparatus as a hardware key.

Figs. 9 and 10 show the screen surface for the subsequent password entry of the personnel. First, the personnel list with the names of the respective nurses appears. The respective nurse may select and touch her name and acknowledge it by pressing the OK key 50. Thereafter, the alphanumeric keyboard illustrated in Fig. 10 appears. The nurse can input her ID number or a password. This is acknowledged by the OK key 52. Thereupon, the nurse is identified. Pressing the OK key 52 is the acknowledgment of the execution of the instruction at the place of work. With this variant, the screen mask illustrated in Fig. 10 forms the ID input device 18a for identifying the personnel.

The current application further explains in the example of a treatment course beginning at page 11, line 11, that the nurse enters a personal ID at two distinct times. Paragraph 4a explains that "The nurse in charge also identifies herself at the dialyzer." Paragraph 7 explains that "The instruction of the physician is obeyed, and the completion is again acknowledged by the nurse by inputting her ID code." As recited in the current claims and explained in the specification, the completion of an instruction is acknowledged by a user inputting an ID code.

Ford et al. simply provides a security log in feature as explained at column 18, line 59 through column 20, line 49. The system of Ford et al. checks to confirm that a user is authorized to complete a given task, however, Ford et al. is silent on a user acknowledging in any way that an instruction has been executed, let alone by entering a user ID.

For at least these reasons, it is respectfully submitted that the cited references, alone or in any reasonable combination, fail to teach or suggest and each limitation of the claimed invention. It is respectfully submitted that independent claims 1, 11 and 17 are in condition for allowance. Claims 2-10, 12-16 and 18-20 each depend from a respective one of the independent claims and are also allowable for at least the reasons set forth above.

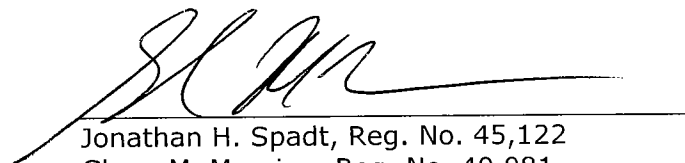
It is respectfully submitted that each of the pending claims is in condition for allowance. Early reconsideration and allowance of each of the pending claims are respectfully requested.

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If the Examiner believes an interview, either personal or telephonic, will advance the prosecution of this matter, the Examiner is invited to contact the undersigned to arrange the same.

Respectfully submitted,



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